b. Check in the amount of \$enclosed c. Payment by credit card (Form PTO-2038 enclosed)				
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Name (Print /Type)	HORST KASPER	Registration No. (Attorney/Agent)	28, 559	
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RCE fee required under 37 C.F.R. § 1.17(e)

iii. 1 Other

Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on:

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n 2003 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Bernd Kiessling et al. Serial No: 09/673,983 Art Unit: 2877 TC 2800 MAIL ROOM Filing Date: October 23, 2000 CONTACTLESS MEASUREMENT OF WALL THICKNESS Title: Examiner: PUNNOOSE, ROY M Attorney's Docket No: POH211T January 23, 2003 TRANSMITTAL LETTER **BOX RCE** Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231 SIR: Transmitted herewith for filing is: <X> Request for Continued Examination (RCE) Transmittal of January 24, 2003

- <X> Fee in the amount of \$375.00 is to be charged to a credit card. Form PTO-2038 is enclosed
- (X) The applicant hereby petitions the Commissioner of Patents and Trademarks to extend the time for response to any Office Action outstanding in the above captioned matter as necessary to avoid abandonment of the application. Please charge my deposit account No.11-0224 in the amount required to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to the above account.
- (X) The Commissioner is hereby authorized to charge any fees under 35 U.S.C. 1.16, and 1.17, after a mailing of a Notice of Allowance under 35 USC 1.18 or any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Acct. No.11-0224. A duplicate copy of this sheet is enclosed. If and only if account funds should be insufficient, immediately contact our associate, Lisa Zumwalt, at (703)415-0579, who will pay immediately to avoid deprivation of rights.
- () Please charge my Deposit Account No.11-0224 in the amount of \$_____. A duplicate copy of this sheet is enclosed.

A signature or signatures required for the above recited document(s) is (are) provided herebelow. Such signature(s) also provide(s) ratification for any required signature appearing to be defective in the above recited document(s).

num M lance Horst M. Kasper, 13 Forest Drive, Warren, N.J.07059 Reg. No. 28,559 Tel.(908)526-1717

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on:	2 4 JAN 2003
Signature:	Holay
Name:	1 A. MALARZ
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